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	ns are required to respond to a coll Application Number	10/69 <sup>4</sup>	ormation unless it displays a valid OMB control number.
TRANSMITTAL	Filing Date		er 27, 2003
FORM	First Named Inventor		a Dadap Kanderski
FORIVI	Art Unit	2859	a badap randorom
	Examiner Name		e, Jeremy R.
(to be used for all correspondence after initial filing)  Total Number of Pages in This Submission	Attorney Docket Number	100-00	
ENCLOSURES (Check all that apply)			
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund  CD, Number of CD(s)  Landscape Table on CD	n ddress	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Return Receipt Postcard
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Andrus, Sceales, Starke & Sawall, LLP			
Signature Mount M. Noyry			
Thomas M. Wozny			
Date May 16, 2006	F	Reg. No.	28,922
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Dorothy A./Hauser

May 16, 2006

Date

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Paperwood Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known Application Number 10/694,366 **TRANSMI** Filing Date October 27, 2003 For FY 2006 **First Named Inventor** Monina Dadap Kanderski **Examiner Name** Pierce, Jeremy R. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2859 TOTAL AMOUNT OF PAYMENT \$1.020.00 Attorney Docket No. 100-00257 METHOD OF PAYMENT (check all that apply) Check None Credit Card Money Order Other (please identify): Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 250 100 200 130 Design 100 100 50 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 0 **Provisional** 200 100 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) **Total Claims Extra Claims** Fee (\$) \$0.00 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Fee (\$) Indep. Claims \$0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Extra Sheets** Numbér of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Fee (\$) \$0.00 (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Three Month Extension of Time \$1,020.00

Signature

Name (Print/Type)

Signature

Name (Print/Type)

Registration No. (Attorney/Agent)

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28,922

Telephone 414-271-7590

Date May 16, 2006

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